

	Lool ATIVE BECOME CENT
UNITED STATES HOUSE OF REPRESENTATIVES FORM B FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and New Employees	/ 18 JUL 26 PH 2: 26
Name: 3KENDA J LONES Daytime Telephone:	
New Member of or Cendidate for State: NV_1-0-1-1-0-1 C-2-N U.S. House of Representatives District: 1-3-i- Check if Candidates - Date of Election: 8 17 1/8 FILER	(Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to In	A \$200 penaity shall be assessed against any Individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	
A. Did you, your spouss, or your dependent child: s. Own any reportable asset that was worth more than \$1,000 at the and of the reporting period? or in the current calendar year up through the date of filing? b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period? E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	the reporting gh the date of filing? Yes No X
C. Did you or your spouse have "earned" income (e.g., seleries, honorarie, or pension/IRA distributions) of \$200 or more during the Yes No outside entity during the reporting period? F. Did you have any reportable agreement or errangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	rrangement with an Yes No X
D. Did you, your spouse, or your dependent child have any reportable Yes No J. Did you receive compensation of more than \$5,000 from single source in the current year and two prior years?	\$5,000 from a Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO C	YES" D TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE	QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Hat from this report details of such a trust that benefits you, your spouse, or dependent child?	Have you excluded Yes 🔲 No 🔀
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	all three tests for Yes No 🔀

Filing ID #10020782



FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

FILER INFORMATION

Name:

Brenda Jones

Status:

Congressional Candidate

State/District:

MI13

FILING INFORMATION

Filing Type:

Candidate Report

Filing Year:

2018

Filing Date:

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type (s)	Income Current Year to Filing	Income Preceding Year
City of Detroit		Undetermined	None		
first Independence Bank ."		\$1 - \$1.000	Interest	\$201 - \$1,000	None
hallmark k 401k		Undetermined	None		
vanguard fund (%)		\$1,001 - \$15,000	Tax-Deferred	•	

^{*} Asset class details available at the bottom of this form. For the complete list of asset type abbreviations, please visit

SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
city of detroit common council	Salary	\$31,768.00	\$81,219.00
City of Detroit	Salary	N/A	N/A
hallmark 401k		N/A	N/A

Amount **Amount** Source Type Current Year to Preceding Year SCHEDULE D: LIABILITIES None disclosed. SCHEDULE E: POSITIONS None disclosed. SCHEDULE F: AGREEMENTS None disclosed. SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE None disclosed. SCHEDULE A ASSET CLASS DETAILS · hallmark 401k EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION Trusts: Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? 🔿 Yes ᠿ No Exemption: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes (No COMMENTS

CERTIFICATION AND SIGNATURE Surda

IN I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.